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2/26/05 **Exhibit A** **Exhibit C** **Exhibit D**

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES

FACILITY: H.R.Y.C.I.

(GANDER HILL)

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH*Deonard Baylis*

1-D-5

Name (Print)

Housing Location

9-5-50

100231

Date of Birth

SBI Number

16 September 05

Date Submitted

Complaint (What type of problem are you having) *Recently Visited Dentist
 And was told to come back when sentenced. I am now
 sentenced (9-15-05) I need denture work I have
 trouble chewing / eating - it is hard on my stomach*

Deonard Baylis

16 September 05

Inmate Signature

Date

The below area is for medical use only. Please do not write any further

S: *You have been scheduled for sick call*

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A: *AB***P:****E:****Provider Signature and Title****Date****Time**